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|  |   |   |          |   |    |   |                                 |                     |            | (Oute)      |  |
| APPLICATION NO.  | APPLICATION NO. FILING DATE ·                       |   |          | FIRST NAMED INVENTOR  |    |   | ATTORNEY DOCKET NO. CONFIRMATIO |                     |            | RMATION NO. |  |
| 09/259,619   | 03/01/1999  |   |          | TIMOTHY LABAI   |    | 210655.90018 . 5502   |                                 |                     |            |             |  |
| TITLE OF INVENTION: INTERNET BASED PAYMENT SYSTEM  |   |   |          |   |    |   |                                 |                     |            |             |  |
| •  |   |   |          |   |    |   |                                 |                     |            |             |  |
|  |   |   |          |   |    |   |                                 |                     |            |             |  |
| APPLN. TYPE  | SMALL ENTITY  | ENTITY ISSUE FEE DUE  |          | PUBLICATION FEE D   |    | PREV. PAID ISSU   | E FEE TOTAL FEE(S) DUE          |                     |            | DATE DUE    |  |
| nonprovisional   | NO  | NO \$1440   |          | \$0   |    | \$0   |                                 | \$1440              |            | 02/21/2008  |  |
| EXAMINER ART UNIT  |   |   | ART UNIT | CLASS-SUBCLAS:  |    |   |                                 |                     |            |             |  |
| COLBERT, ELLA 3694   |   |   |          | 705-026000  |    |   |                                 |                     |            |             |  |
| . Change of correspondence address or indication of "Fee Address" (37  2. For printing on the patent front page, list FR 1.363).  (1) the names of up to 3 registered patent attempts 1. Quarles & Brady   |   |   |          |   |    |   |                                 |                     |            | iv .        |  |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.   |   |   |          | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,   |    |   |                                 |                     |            |             |  |
|  | (2) the name of a single firm (having as a member a |   |          |   |    |   |                                 |                     |            |             |  |
| ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  |   |   |          | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3   |    |   |                                 |                     |            |             |  |
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| CrossCheck, In   | Rohnert Park, California                            |   |          |   |    |   |                                 |                     |            |             |  |
| Please check the appropriate assignce category or categories (will not be printed on the patent) : 🚨 Individual 🚨 Corporation or other private group entity 🚨 Govern   |   |   |          |   |    |   |                                 |                     |            | Government  |  |
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